

Utilization of a Secure Blog for Trauma Performance Improvement and Peer Review Activities

ANDREA LIGHT, BSN, RN, EMT, TCRN, CEN • MOUNT CARMEL HEALTH SYSTEM

ABSTRACT: Traditional trauma performance improvement (PI) and peer review activities utilize paper forms, which requires multiple steps, including inputting data into the forms, printing multiple forms, distributing forms to the appropriate physician reviewers for review and signature, and ensuring forms are returned and collated with the QI chart. Papers can be lost, must be reprinted any time there is an update or change, and require someone to physically facilitate moving the paper forms along the process.

In 2012, our urban Level II ACS-verified trauma center identified these issues and, with the help of our IT department, developed a secure, password-protected blog in which we post all our peer review cases and some PI issues for review by the trauma surgeons and liaisons. The trauma program manager (TPM) controls who has access to the blog and at what level. The trauma performance improvement coordinator (TPIC) posts cases to the blog and notifies the TPM and trauma medical director (TMD) they are available for review. The TPM and TMD review the cases and decide which ones need to be reviewed by the other trauma surgeons and/or liaisons. Whoever is assigned to review the case logs into the blog, reviews the case, and comments directly on the blog with their review findings. These comments are automatically date/time stamped.

This forum is used to begin discussions about cases before our monthly Multidisciplinary Trauma Peer Review Committee (MTPRC). During MTPRC, the blog is displayed on the projector screen, showing both the original post and any reviewer comments, which has helped to decrease time taken during the meeting introducing and presenting cases so more time can be spent discussing issues and loop closure. Email conversations, trauma grand rounds presentations, autopsy results, and other documents can also be posted to the blog for supporting documentation all in one place. Our trauma center has had one successful ACS reverification using this method.

BACKGROUND: The idea for a secure trauma blog was born out of our frustrations with the traditional method of paper forms. Papers require someone to ensure they are all completed and signed and stored in files or binders. Papers can get lost and torn. They also tend to be static documents, which does not support the fluidity of an effective PI process. We were searching for a way to eliminate paper while also making the experience more user-friendly and dynamic.



IMPLEMENTATION:

- Hospital already had a blog platform in place
- Our blog was moved to a secure server and required a username and password, as well as a confidentiality/terms of use agreement
- TPM grants/maintains access
- A merge form is created in our trauma registry software, edited as needed, and copied and pasted into the body of the blog
- The blog sorts the cases by month and year
- The TPIC notifies the TPM and TMD when cases are posted and ready for review
- TMD and physician reviewers comment directly on the blog post. Comments are date/time stamped.
- Supporting documents can be attached to each case to assist with loop closure

CONCLUSION: The blog has decreased the time it takes to prepare for MTPRC each month, improved communication and engagement of the physician reviewers, and facilitated an electronic method of keeping all PI activities in one interactive place. Successful implementation requires collaboration with the trauma center's IT department, a blogging platform, a secure server, a dedicated staff member to host/maintain the blog, and physician support. Recommendations include ensuring TMD approval and support first.

Next steps include working with the IT department to determine if blogging is already a capability or if a platform needs purchased. It is very helpful to have one point of contact in the IT department who can help make changes along the way, such as archiving cases, color-coding cases to show if they have been reviewed, and other blog-specific functionalities. For our center, there was no cost involved because the blog platform was already available.